

3723 \$

A-69175-1/MSS/TJH  
463035-650

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 29, 2003:

by: [Signature]  
Laura Lee Mosier

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
SUH et al.

Serial No.: 10/029,158

Filed: December 21, 2001

For: Apparatus and Method for Chemical  
Mechanical Polishing of Substrates

Art Unit: 3723

Examiner: RACHUBA, Maurina T.

Date: December 29, 2003

RESPONSE / AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- ☒ Amendment;
- ☒ a one month extension request is hereby sought;
- ☐ Other:

The fees have been calculated as shown below:

	Claims Remaining After Amendment	Minus	Highest Previously Paid For	Present Extra	Small Entity Rate Fee	OR	Other than a Small Entity Rate Fee
Total Claims	14	-	20		x 9 = \$		x 18 = \$
Indep Claims	1	-	3		x 43 = \$		x 86 = \$
	[ ] Multiple Dependent Claim Presented and Fee not Previously Paid				+145 = \$		+290 = \$
					TOTAL \$-0-		TOTAL \$-0-

Total Additional Claims Fee:

\$ - 0 -

01/08/2004 AWONDAF1 00000045 10029158

01 FC:2251

55.00 OP

[X] Applicant hereby petitions for a ONE month Extension of Time to respond to the Official Action mailed August 28, 2003 and includes the following fee:

<u>Small Entity</u>			<u>Large Entity</u>		
[X]	One month	\$ 55.00	[]	One month	\$110.00
[]	Two months	\$210.00	[]	Two months	\$420.00
[]	Three months	\$475.00	[]	Three months	\$950.00
[]	Four months	\$740.00	[]	Four months	\$1,480.00
[]	Five months	\$1,005.00	[]	Five months	\$2,010.00

Extension of Time Fee: \$ 55.00

[] Fee regarding Information Disclosure Statement:  
[] Fee Under 37 CFR 1.17(p) \$  
[] Petition Fee Under 37 CFR 1.17(i) \$

Total Information Disclosure Statement Fee: \$ .00

[] Other fees (list individually):

Total Other Fees: \$ .00  
TOTAL FEES: \$ 55.00

[X] A check including the amount of the above indicated TOTAL FEES is attached.

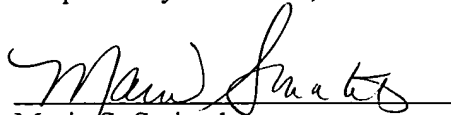
[] Please charge Deposit Account No. 50-2319 in the amount of \$ \_\_\_\_\_.

[] No fee is required.

[X] Applicant is now a SMALL entity.

[X] The Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication under 37 C.F.R. §1.20(d), including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 50-2319: (A-69175-1/MSS(463035-650)).

Respectfully submitted,

  
Maria S. Swiatek  
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